

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

**Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231**

Attorney Docket No.	8016-0011
First Named Inventor	Dwight Marcus
Original Patent Number	6,032,156
Original Patent Issue Date (Month/Day/Year)	02/29/2000
Express Mail Label No.	EV 346026170 US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribbioned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Priority Claim Sheet

18. CORRESPONDENCE ADDRESS

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23600

or ☐ Correspondence address below

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Name	COUDERT BROTHERS LLP			
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J. D. Harriman II

Registration No. (Attorney/Agent)

31,967

Signature

Date

07/10/2003

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07/10/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

0008016-0011

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 41	Total Claims (37 CFR 1.16(j))	(B) 41	**** 0 =	x \$ 9 =	0.00	or	x \$ =
(C) 5	Independent claims (37 CFR 1.16(i))	(D) 5	* 0 =	x \$ 42 =	0.00		x \$ =
Basic Fee (37 CFR 1.16(h))					\$ 375.00		\$
Total Filing Fee					\$ 375.00	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 26	MINUS	** 20	* 6	x \$ 9 =	54.00	x \$ =	
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS	**** 3	* 4	x \$ 42 =	168.00	x \$ =	
Total Additional Fee					\$ 222.00	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1215
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 597.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

07/10/2003

Date

Signature of Applicant, Attorney or Agent of Record

J. D. Harriman II - Reg. 31,967

Typed or printed name